Pennsylvania Insurance Department

Complaint Reconciliation

PIN Contact Request/Change Form

 To designate a PIN contact for your company, complete, print and submit the following information by email (ra-insresponse@pa.gov) or fax (717) 787-8585

*The PIN contact will be responsible for disseminating the PIN to those individuals within the company who are authorized to reconcile complaint data. The PIN contact will also receive complaint reconciliation instructions when the PIN is issued. Should the company later decide to appoint another individual as the PIN contact, or like the PIN number changed, complete this form, requesting a PIN and/or PIN contact change.*

TYPE OF REQUEST:

\_\_\_\_\_\_ Initial Designation \_\_\_\_\_\_\_\_ Change In Designation \_\_\_\_\_\_ PIN Change

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| --- |
| PIN Contact Information |
|  |
| Underwriting Company Name |  |
| NAIC Code |  |
| Complete Name |  |
| Title |  |
| Email Address |  |
| Phone Number  |  |
| Extension |  |
| Fax Number |  |
| Address Line One |  |
| Address Line Two |  |
| City, State, Zip |  |
| Requested Effective Date |  |

## A valid PIN Contact must have a complete first name, last name, email address, phone number and mailing address. The phone number must be 10 digits. (Note: For company group requests, complete a form for each underwriting company within the group)

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| Agreement and Signature |
| By submitting this request, I am confirming that I am an authorized individual representing my company to coordinate the dissemination of the complaint reconciliation PIN issued by the Pennsylvania Insurance Department. I verify that the statements made in this application are true and correct to the best of my knowledge, information and belief.  I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities). |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Questions may be directed to Carolyn Morris at (717) 783-9862 or camorris@pa.gov